



What consumers are saying

“Siempre esta disponible.”
(My home caregiver always is available.)

“The case manager knows his business and he tries to help any way he can. He advises us about alternatives that we can choose to do for my mother.”

“The doctor knows my mother’s cultural and medical needs.”

“The facility caregiver does a good job dealing and reacting to my mom’s needs. Any time there’s any decision to make or a change they always contact us for input before they do anything. They are working for her well being and not just putting in hours.”

“He’s a doctor’s doctor.
He bleeds with the patient.”

“Always having a choice is better than not having a choice, but I’m happy with the current health care.”

“I like the relationship the facility caregivers have with my sister. They treat her with respect and they do the best they can for her comfort.”



This report has been a joint effort of four groups:
AHCCCS, HSAG, The Flinn Foundation and
a National Advisory Panel of Healthcare Professionals.

The intent has been to define the issues and
propose viable options for policy-makers
regarding long term care in Arizona.

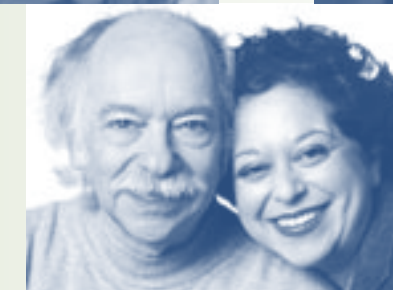
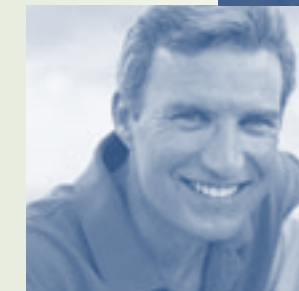
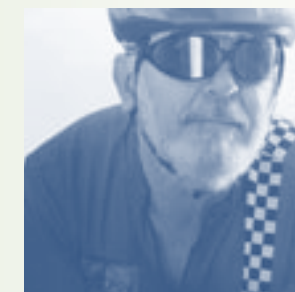
Additional copies can be obtained
from the AHCCCS website at
www.ahcccs.state.az.us.

**Long Term Care 2002:
Now and the Next Generation:**

Final Report
Final Report Summary
What the Consumers Say
Survey Data Book

2002
Final Report Summary

Long Term Care Now and the Next Generation



A look at satisfaction levels... now that consumers have choice

As the population in Arizona grows older, and as people increasingly begin to investigate and understand long term care options for themselves or their family members, questions about customer satisfaction once they have been given a “choice” of another health plan become ever more important.

What does “choice” mean for AHCCCS, Arizona’s Medicaid program?

It means a person can have the option of selecting from among several long term care health plans serving members of the Arizona Long Term Care System, a program under AHCCCS. And it means competition among some health plans for the right to serve long term care consumers.

A choice of long term care health plans has not always been the case in Arizona.

Until the fall of 2000, AHCCCS contracted with only one long term care health plan per county. In Maricopa County, the plan was the county-based Maricopa Long Term Care Plan. In that year, however, for the first time two other plans were added: Mercy Care Plan and Lifemark Health Plans (now named Evercare Select).

This step toward choice in Arizona’s most populous county led to the question: How satisfied with long term care services are consumers now that this choice is available, and how does this compare with their satisfaction level before choice?

This is the question explored in this, the third and final phase of the Arizona Long Term Care Project.

The Arizona Long Term Care Project

To determine if Arizona’s long term care system in general and ALTCS in particular are meeting the public’s needs, the Arizona Health Care Cost Containment System established the Arizona Long Term Care Project in 2000 to:

- Understand how customers view the overall long term care system in Arizona, and what services are important to them.
- Assess consumer satisfaction with case management, doctors and services under ALTCS, both in home and community-based settings and in nursing facilities.

This project was conducted in three phases. The first involved researching, designing and testing the survey that would be used. The second included focus groups with Baby Boomers and a telephone survey with Maricopa County customers of the Arizona Long Term Care System.

The third phase—and the subject of this report —involved surveying customers after they were given the choice of switching health plans to see what, if anything, had changed with their satisfaction levels. Comparisons were made between members who remained with their current health plans and those who switched to another plan. The survey had a response rate of 70 percent.

Individuals who participated in this survey were either direct members of the care (consumers) or those who made decisions for the consumer about their care (proxies).

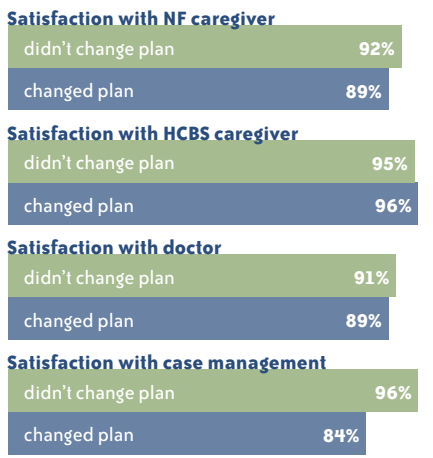
Research for this project was conducted by Health Services Advisory Group under contract with AHCCCS and in consultation with a National Advisory Panel of health care professionals with long term care expertise. The project was funded by The Flinn Foundation of Phoenix.

After choice, how did health plans rate on satisfaction?

Very well. Depending on the health plan serving them, consumers were either very satisfied or satisfied with their plan 91% to 95% of the time. Specifically, consumers had high satisfaction levels with their case managers, doctors and caregivers in either home and community-based settings or nursing facilities. And it was the doctor area that showed the largest satisfaction increase from the years 2000 to 2001—from 84% to 91%. Only “reachability” of a case manager, doctor or caregiver received a lower rating than in the first survey.

Whether respondents changed plans or not, their satisfaction levels within each of the four measured areas remained high, as shown below:

OVERALL SATISFACTION BETWEEN THOSE WHO CHANGED AND DID NOT CHANGE HEALTH PLANS



POLICY CONSIDERATIONS

- Monitor and compare the performance of health plans.
- Monitor which health plans are selected by new ALTCS members.
- Evaluate further the impact choice has on quality; on the rates paid to health plans by AHCCCS; and on providers, their networks and their rates.

Is the actual consumer the only ALTCS customer?

Not at all. Out of 844 respondents in the last phase of this project, 76 percent were proxy respondents while only 24 percent were actual consumers enrolled in the ALTCS program. This shows that in addition to the actual consumer, proxies are a valuable source of information because they are so involved with the care of the consumer.

There was little or no difference between the way proxies and consumers answered survey questions in all areas except the case manager area, where proxies showed a higher satisfaction level—95% vs. 89%.

POLICY CONSIDERATIONS

- Recognize that proxies are also key customers in the private and public long term care area.
- Obtain more data to learn how proxies impact care and services provided by long term care.
- Determine if and how future surveys should be modified for proxy input.

Case managers: How are they viewed?

While it is less likely that consumers will change caregivers when they opt for services from another health plan, case managers are a different story. They do change because they work for a specific plan, unlike caregiver agencies who can contract with all available plans. It is noteworthy, therefore, that consumers and proxies in this research project reported an overall high rate of satisfaction (93%) with their case managers. This area had the most differences between those who changed plans (84% satisfaction) and those who did not change plans (96%).

POLICY CONSIDERATIONS

- Health plans should evaluate case management to determine if there is increased improvement in this area among existing consumers over time.
- Continue to review and use best practices to accommodate new consumers when they become enrolled in a health plan.

Choice: What we know, what we don't

This research project answered some questions about choice but left many more unanswered. Across the country, comprehensive data about choice within the long term care arena is thin at best. It is still too new of a concept, particularly among Medicaid programs.

What we know from this project is that despite being offered a choice of three health plans, most consumers chose to remain with their existing plan—Maricopa Long Term Care Plan. We also know that of those consumers who chose to change health plans, the top four reasons were location of a hospital, quality of a hospital, quality of a doctor’s services and location of a doctor.

What we don’t know is why choice had such little effect on satisfaction levels, which remained high among those who changed and those who did not change health plans. We also don’t know why so many people chose to remain with Maricopa Long Term Care Plan. And we don’t know if brand new customers of ALTCS make choices for different reasons from those already in the program.

It is not surprising this project raised more questions than it answered. The time between our two surveys was not sufficient to give us better data because our members did not have enough experience with their health plans under the new concept of choice. So too, research is new in this area, and so is the expertise to conduct it. But this is a starting point to determine where to go next both in research and planning.

POLICY CONSIDERATIONS

- Explore what motivates consumers to remain or not remain with their existing plan when choice is offered.
- Explore what motivates brand new ALTCS members to choose one plan over another.
- Promote more expertise to conduct this kind of research.

What lessons did we learn for future research?

As consumer involvement in long term care increases, states and health care professionals continue to look for the best ways to survey these consumers and their families. Time and money, of course, will restrict a survey that can address every area of interest among this population. Still, even a survey with limits will turn up valuable lessons for further research, as did this one. Some lessons include:

Early in the planning, clearly determine the focus of the survey and how the data will be used both from strategic planning and operational efforts.

If resources are scarce, limit the sample stratification and thus focus more time and analysis in key areas.

To reduce the cost of the survey, explore ways to efficiently identify those customers who are cognitively impaired and need a proxy to respond in an efficient way.

Before beginning research work, determine how proxy responses vs. consumer responses will add or detract from the survey, if at all.

Standardize the way statewide surveys are worded and conducted so there is comparable feedback and the same baselines for further such surveys.

Conclusions

Long term care consumers in Maricopa County are extremely satisfied with their long term care services, whether they have changed health plans or not.

Proxies have emerged as an important party speaking on behalf of consumers, and will be included as a critical part of future research.

More research is needed to determine how much difference choice makes, why new consumers choose one plan over another and why consumers choose to remain or not remain with their existing plan.